

mandatory letters from authors, discussants, readers and advertisers. Another pleasing feature is the letters we receive from those who failed to answer the invitation, wanting to know why they are not given a chance to discuss papers.

One of the main purposes of this editorial is to again emphasize the fact that the invitation is an open one. If you are not now on the list and want to take part in these discussions, send in your name, address, and the specialties of medicine, including public health medicine, or other subjects you are interested in.

The specialties and subjects included in the original invitation for checking were:

General Practice (Family Physician).

Medicine and Medical Specialties: General Medicine (The Physician), Pediatrics, Communicable Diseases (including tuberculosis), Neuropsychiatry, Dermatology, Tropical Medicine.

Surgery and Surgical Specialties: General Surgery (The Surgeon), Otorhinolaryngology, Ophthalmology, Urology, Orthopedic Surgery, Anesthesiology.

Obstetrics.

Industrial and Group Medicine.

Dentistry.

Pathology and Clinical Laboratories.

Radiology and Radium.

Public Health.

Technical Specialties: Nursing; public health nursing; medical social service; physiotherapy; dietetics; pharmacy; library; clinical records; laboratory technicians.

Medical Economics, including organization, legal medicine and similar problems.

A NEW HOSPITAL BOND

A Commendable Effort to Solve the Costs of Illness for Those of Limited Means

The National Surety Company of New York are promoting the sale of what they call a Hospital Bond, which has many attractive features and some limitations, but on the whole is calculated to do much for the cause of better health.

After painstaking investigation and thorough consideration by the officers of the California Medical Association and the League for the Conservation of Public Health, a half-page advertisement of this bond has been accepted by both CALIFORNIA AND WESTERN MEDICINE and BETTER HEALTH magazines.

This type of insurance is, so far as we know, entirely new in the health field. The same thought has been embodied in insurance in other human activities, of course, for many years. The essential features of the bond are, that any person under the age of 60, who believes himself to be in good health, can, by the payment of annual premiums of from \$6 to \$15, have all hospital expenses in any hospital in the United States or Canada paid by the National Surety Company, up to the value of the bond, which covers one year's period of time. The value of the bonds vary from \$360 to \$900. A person, for example, for an annual premium of \$15 is entitled to a maximum of \$900 per year of hospital service, including all features of medical care that are part of the hospital fees as distinguished from doctors' fees and special nurses' fees. It is provided that the weekly payment shall not exceed \$70 in any one week, but the patient may stay in the hospital as long as he pleases on any one occasion or be ad-

mitted as often as necessary in any one year, provided only that the cost of hospital care does not exceed \$900 for the year, and does not exceed \$70 in any one week.

This bond is remarkably free from restrictions, limitations, ifs, ands and buts that usually characterize nearly all so-called hospital association provisions and sickness insurance contracts. It does have certain limitations, and some of these call for fair and wise adjudication between the company, the hospital, and the patient. For example, the bond excludes people who are suffering from insanity or nervous disorders; tuberculosis; drug addiction or alcoholism. There are, of course, opportunities for controversy over the interpretation of some of these as well as one or two other clauses in the bond. However, all fair-minded people will recognize that certain limitations are essential to avoid excessive abuse, and the wording used in the present bond, if fairly and wisely interpreted, ought not cause any particular confusion.

The bond has many especially commendable features. It gives the widest latitude of choice to the patient in the hospital selected, and raises no question about who his attending physician is. It includes, when billed as part of the hospital service, x-ray examinations, laboratory work, operating-room charges, including those connected with anesthesia, and many other of the most expensive and necessary services called for by a patient in a hospital. In fact, the bond seems almost too good to be true, but it must be remembered that it has an old, strong financial organization behind it, and one well known for the fairness and honesty with which it conducts its business.

Under this bond, any person by the payment of from 50 cents to \$1.25 a month can secure absolute protection against the most expensive part of medical care.

Hospitals will like this bond because it insures them their regular compensation and prompt payment for all patients holding the bond. Physicians will like it because, by taking care of the largest item of expense incident to illness, patients will have more funds with which to pay the doctor a reasonable fee. Almost all good doctors now ask their patients in limited circumstances first to pay the hospital and nurses, before considering their demands at all. All too frequently after this is done there is nothing at all, or very little, left for the doctor.

Patients ought to, and undoubtedly will, like the bond, because for a small premium it insures them care that many of them cannot now afford; obviates the necessity of appealing to community charity, and allows them to retain their self-respect. Perhaps even more important than this, it allows the patient the widest choice of the physician who is to serve him, as well as the hospital in which he is to be served.

If this bond is properly promoted and the settlements under it generously interpreted and promptly liquidated, it ought to do an infinite amount of good in the campaign for Better Health for Everybody, with payment assured for those who serve.

CALIFORNIA AND WESTERN MEDICINE and BET-

TER HEALTH, in accepting this advertisement, invite comment and criticism from hospitals, doctors, and patients as to the satisfaction they receive under its operation. We wish to announce publicly, as we have told the representative of the Surety Company, that, so long as interpretation and service are above reasonable criticism, we will be glad not only to carry their advertisement, but to promote them in every way possible, because we believe the principle they are operating under to be sound and highly commendable.

This editorial has been considered and the policy outlined approved by the executive committee of the California Medical Association and the Hospital Conference of the League for the Conservation of Public Health.

C. M. A. DIRECTORY

The directory of the California Medical Association has been sent all members with an accompanying request for correction of errors and omissions. Names of members who have paid their dues since October 1 are not included.

Hereafter, annual directories will be issued in January of each year, beginning with 1926, and will include names of all members for the preceding year.

The directory contains the names and addresses of all members of the California Medical Association arranged alphabetically and by counties, together with the names and addresses of all officers of both state and county associations.

Copies may be obtained for \$1 at the offices of the California Medical Association, 1016 Balboa building, corner Second and Market streets, San Francisco, California.

1925 SESSION OF THE C. M. A.

The Fifty-fourth Annual Session of the California Medical Association will be held at Yosemite National Park from May 18 to 21, inclusive. The Council has again set the opening day on Monday, that members who desire to see the park may leave their offices on Saturday and so have an entire day free from any scientific meetings for the enjoyment of the grandeur and beauty of Yosemite Valley.

Yosemite Lodge is our convention headquarters. Reservations will not open until March 1. In succeeding Journals, more detailed information concerning reservations and scientific program will be furnished.

At this time, it is desired to call the attention of those members who wish to present papers at the next annual meeting, to the fact *that section programs are closed as of February 15, 1925, in order that this office may have the necessary time in which to check the eligibility of members presenting papers and prepare the program for publication.* It is desired to emphasize the fact that only members in good standing may present papers, and that but one paper may be presented by any one member. He may, however, collaborate with another member and his name be so published, but the paper must be read by his collaborator.

Members whose names appear on the program and who are unable to be present must notify the

secretary in ample time to permit him to replace the omitted paper by another from his waiting list. Many sections are unable to furnish space for all papers sent them in the three-day session allowed each scientific section. In view of the fact that omission of this notification often debars another member from a place on the program, a ruling has been passed that any member failing to so notify the section officers of his inability to present a paper at the state meeting and to furnish sufficient excuse for such inability, is debarred from participation in the two succeeding meetings of the State Association.

RULES REGARDING DISCUSSIONS AND PAPERS

Upon recommendation of the Executive Committee, the following rules regarding papers have been adopted by the Council:

1. Papers may be presented only by members in good standing or guests. Distinguished scientists, associate or honorary members of any competent county society or any physician not a resident of the state may become a guest.

2. No member may present more than one paper at any one state meeting, provided that members may present additional papers before Sections on Technical Specialties; and provided further, that a member may be a collaborator on more than one paper, if these papers are presented by different authors.

3. Failure on the part of an author to present a paper precludes acceptance of future papers from such author for a period of two years, unless the author explains to the satisfaction of the Executive Committee his inability to fulfill his obligation.

4. Manuscript not accepted for publication will be returned to the author as soon as practicable. Authors desiring to publish their paper elsewhere than in CALIFORNIA AND WESTERN MEDICINE may have their manuscript returned to them upon written request to the secretary.

5. No paper will be accepted by the General Program Committee nor by Section Program Committee unless accompanied by a synopsis of not to exceed fifty words.

6. Papers shall not "be read by title."

7. The maximum time that may be consumed by any paper is fifteen minutes, provided that not to exceed ten minutes' latitude may be allowed *invited guests* at the discretion of the presiding chairman.

8. Motions from the floor to extend the time of an author may not be entertained by the presiding officer.

9. The maximum time permitted any individual discussant on any paper is four minutes. This also applies to the author in closing his discussion. No discussant may speak more than once upon the same subject.

10. A copy of each and every paper presented at the state meeting must be in the hands of the chairman or secretary of the section or in the hands of the general secretary before the paper is presented.

The names of section officers will be found listed in this issue of CALIFORNIA AND WESTERN MEDICINE on page 58.

Neglecting the Little Things in Medical Practice— Doctor Charles J. Whalen (Illinois Medical Journal) makes the statement that upwards of 75 per cent of human ailments are to be classed accurately as trivialities. Intent upon the critical laparotomy, or other serious surgical operation, idealistic young physicians are prone to neglect the every-day need of the ailing public. *And here is the loophole through which the bogus practitioner creeps to find a foothold by which he may dislodge the skilled man.* Out of the inattention of scientific men for ordinary wants of an indisposed people spring and flourish the mass of cults and mock medicine that insidiously deprive the sick of expert medical attention. The pseudists lend a sympathetic ear, as they receive cash in advance for their treatment of petty maladies.